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EX-170134262US  
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/010,940       |
| Filing Date          | December 5, 2001 |
| First Named Inventor | Jiangchun Xu     |
| Group Art Unit       |                  |
| Examiner Name        |                  |
| Attorney Docket No.  | 210121.427D3     |

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><u>Communication to Examiner</u><br><u>Copy of Specification</u><br><u>(numbered); Copy of</u><br><u>Declaration; Copy of Decision</u><br><u>Granting Petition; Copy of</u><br><u>Postcard from Application; Copy of</u><br><u>of PTO/SB/17 from Petition</u><br><u>Under CFR § 1.53(e)(2).</u> |
|--|---|---|

## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                 |   |   |
|-----------------|---|---|
| Individual Name | William T. Christiansen, Ph.D.<br>Reg. No. 44,614                                   | <br><b>00500</b><br><small>PATENT TRADEMARK OFFICE</small> |
| Signature       |  |   |
| Date            | October 9, 2002   |   |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

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| Signature             | Date: |



RESS MAIL NO. EV170134262US

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

110

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   | 10/010,940       |
| Filing Date          | December 5, 2001 |
| First Named Inventor | Jiangchun Xu     |
| Examiner Name        |                  |
| Group Art Unit       |                  |
| Attorney Docket No.  | 210121.427D3     |

| METHOD OF PAYMENT   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
|---|--------------|------|----------|------------------------|-----------------|--------------|--------------|-----|----------|-----|-----------------|----------|--------------|-----|------|-----|--------------------|--------------|--|--------------------|-----|------|-----|-------------------|----------------|--|--------------------|-----|------|-----|------------------|--|----------|---------------------|-----|------|-----|--------------------|--|--|------|-----|------|----|------------------------|--|--|---------------------|--|--|--|-------------|--|--|
| <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <input type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>19-1090</b><br>Deposit Account Name <b>Seed Intellectual Property Law Group PLLC</b>   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| The Commissioner is authorized to (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any deficiencies<br>to the above-identified deposit account.   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| FEE CALCULATION   |              |      |          |                        |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee</th> <th>Fee (\$)</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>740</td> <td>2001</td> <td>370</td> <td>Utility filing fee</td> <td></td> <td></td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> <td></td> </tr> <tr> <td>1003</td> <td>510</td> <td>2003</td> <td>255</td> <td>Plant filing fee</td> <td></td> <td></td> </tr> <tr> <td>1004</td> <td>740</td> <td>2004</td> <td>370</td> <td>Reissue filing fee</td> <td></td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> <td></td> <td></td> </tr> </tbody> </table> |              |      |          |                        |                 | Large Entity | Small Entity | Fee | Fee (\$) | Fee | Fee Description | Fee Paid | 1001         | 740 | 2001 | 370 | Utility filing fee |              |  | 1002               | 330 | 2002 | 165 | Design filing fee |                |  | 1003               | 510 | 2003 | 255 | Plant filing fee |  |          | 1004                | 740 | 2004 | 370 | Reissue filing fee |  |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  |  | <b>SUBTOTAL (1)</b> |  |  |  | <b>(\$)</b> |  |  |
| Large Entity  | Small Entity | Fee  | Fee (\$) | Fee                    | Fee Description | Fee Paid     |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| 1001  | 740          | 2001 | 370      | Utility filing fee     |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| 1002  | 330          | 2002 | 165      | Design filing fee      |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| 1003  | 510          | 2003 | 255      | Plant filing fee       |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| 1004  | 740          | 2004 | 370      | Reissue filing fee     |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| 1005  | 160          | 2005 | 80       | Provisional filing fee |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <b>SUBTOTAL (1)</b>   |              |      |          | <b>(\$)</b>            |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee</th> <th>Fee (\$)</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>-**</td> <td>=</td> <td>*</td> <td>Extra Claims</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>-**</td> <td>=</td> <td>*</td> <td>Fee from below</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>*</td> <td></td> <td>Fee Paid</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> <td></td> <td></td> </tr> </tbody> </table>  |              |      |          |                        |                 | Large Entity | Small Entity | Fee | Fee (\$) | Fee | Fee Description | Fee Paid | Total Claims |     | -**  | =   | *                  | Extra Claims |  | Independent Claims |     | -**  | =   | *                 | Fee from below |  | Multiple Dependent |     |      |     | *                |  | Fee Paid | <b>SUBTOTAL (2)</b> |     |      |     | <b>(\$)</b>        |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| Large Entity  | Small Entity | Fee  | Fee (\$) | Fee                    | Fee Description | Fee Paid     |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| Total Claims  |              | -**  | =        | *                      | Extra Claims    |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| Independent Claims  |              | -**  | =        | *                      | Fee from below  |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| Multiple Dependent  |              |      |          | *                      |                 | Fee Paid     |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |
| <b>SUBTOTAL (2)</b>   |              |      |          | <b>(\$)</b>            |                 |              |              |     |          |     |                 |          |              |     |      |     |                    |              |  |                    |     |      |     |                   |                |  |                    |     |      |     |                  |  |          |                     |     |      |     |                    |  |  |      |     |      |    |                        |  |  |                     |  |  |  |             |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| FEE CALCULATION (continued)   |              |      |          |  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
|---|--------------|------|----------|--|-----------------|----------|--------------|--------------|-----|----------|-----|-----------------|----------|------|-----|------|----|-------------------------------------|--|--|------|----|------|----|--|--|--|------|-----|------|-----|---------------------------|--|--|------|------|------|------|---|--|--|------|------|------|------|--|--|--|------|-------|------|-------|---|--|--|------|-----|------|----|--|-----|--|------|-----|------|-----|---|--|--|------|-----|------|-----|--|--|--|------|------|------|-----|---|--|--|------|------|------|-----|--|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|--------------------------|--|--|------|------|------|------|---|--|--|------|-----|------|----|----------------------------------|--|--|------|------|------|-----|------------------------------------|--|--|------|------|------|-----|--------------------------------|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|-----------------|--|--|------|-----|------|-----|-------------------------------|--|--|------|----|------|----|---|--|--|------|-----|------|-----|---|--|--|------|----|------|----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|---|--|--|---------------------------|--|--|--|--|--|--|-----------------------------------|--|--|--|-----------------------|--|--|
| <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee</th> <th>Fee (\$)</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>1812</td> <td>2520</td> <td>For filing a request for ex parte reexamination</td> <td></td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> <td></td> </tr> <tr> <td>1805</td> <td>1840*</td> <td>1805</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>110</td> <td></td> </tr> <tr> <td>1252</td> <td>400</td> <td>2252</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> <td></td> </tr> <tr> <td>1253</td> <td>920</td> <td>2253</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> <td></td> </tr> <tr> <td>1254</td> <td>1440</td> <td>2254</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> <td></td> </tr> <tr> <td>1255</td> <td>1960</td> <td>2255</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> <td></td> </tr> <tr> <td>1451</td> <td>1510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td></td> <td></td> </tr> <tr> <td>1453</td> <td>1280</td> <td>1453</td> <td>640</td> <td>Petition to revive – unintentional</td> <td></td> <td></td> </tr> <tr> <td>1501</td> <td>1280</td> <td>2501</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> <td></td> </tr> <tr> <td>1502</td> <td>460</td> <td>2502</td> <td>230</td> <td>Design issue fee</td> <td></td> <td></td> </tr> <tr> <td>1503</td> <td>620</td> <td>2503</td> <td>310</td> <td>Plant issue fee</td> <td></td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee for provisional applications</td> <td></td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> <td></td> </tr> <tr> <td>1809</td> <td>740</td> <td>2809</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> <td></td> </tr> <tr> <td>1810</td> <td>740</td> <td>2810</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> <td></td> </tr> <tr> <td>1801</td> <td>740</td> <td>2801</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="3">SUBTOTAL (3) (\$ 110)</td> </tr> </tbody> </table> |              |      |          |  |                 |          | Large Entity | Small Entity | Fee | Fee (\$) | Fee | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  |  | 1053 | 130 | 1053 | 130 | Non-English specification |  |  | 1812 | 2520 | 1812 | 2520 | For filing a request for ex parte reexamination |  |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  |  | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |  |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 110 |  | 1252 | 400 | 2252 | 200 | Extension for reply within second month |  |  | 1253 | 920 | 2253 | 460 | Extension for reply within third month |  |  | 1254 | 1440 | 2254 | 720 | Extension for reply within fourth month |  |  | 1255 | 1960 | 2255 | 980 | Extension for reply within fifth month |  |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  |  | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable |  |  | 1453 | 1280 | 1453 | 640 | Petition to revive – unintentional |  |  | 1501 | 1280 | 2501 | 640 | Utility issue fee (or reissue) |  |  | 1502 | 460 | 2502 | 230 | Design issue fee |  |  | 1503 | 620 | 2503 | 310 | Plant issue fee |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  | 1807 | 50 | 1807 | 50 | Processing fee for provisional applications |  |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  | 1809 | 740 | 2809 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  |  | 1810 | 740 | 2810 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  |  | 1801 | 740 | 2801 | 370 | Request for Continued Examination (RCE) |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |  | Other fee (specify) _____ |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 110) |  |  |
| Large Entity  | Small Entity | Fee  | Fee (\$) | Fee  | Fee Description | Fee Paid |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1051  | 130          | 2051 | 65       | Surcharge - late filing fee or oath  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1052  | 50           | 2052 | 25       | Surcharge - late provisional filing fee or cover sheet                     |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1053  | 130          | 1053 | 130      | Non-English specification  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1812  | 2520         | 1812 | 2520     | For filing a request for ex parte reexamination                            |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1804  | 920*         | 1804 | 920*     | Requesting publication of SIR prior to Examiner action                     |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1805  | 1840*        | 1805 | 1840*    | Requesting publication of SIR after Examiner action                        |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1251  | 110          | 2251 | 55       | Extension for reply within first month                                     | 110             |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1252  | 400          | 2252 | 200      | Extension for reply within second month                                    |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1253  | 920          | 2253 | 460      | Extension for reply within third month                                     |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1254  | 1440         | 2254 | 720      | Extension for reply within fourth month                                    |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1255  | 1960         | 2255 | 980      | Extension for reply within fifth month                                     |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1401  | 320          | 2401 | 160      | Notice of Appeal   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1402  | 320          | 2402 | 160      | Filing a brief in support of an appeal                                     |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1403  | 280          | 2403 | 140      | Request for oral hearing   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1451  | 1510         | 1451 | 1510     | Petition to institute a public use proceeding                              |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1452  | 110          | 2452 | 55       | Petition to revive – unavoidable   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1453  | 1280         | 1453 | 640      | Petition to revive – unintentional   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1501  | 1280         | 2501 | 640      | Utility issue fee (or reissue)   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1502  | 460          | 2502 | 230      | Design issue fee   |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1503  | 620          | 2503 | 310      | Plant issue fee  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1460  | 130          | 1460 | 130      | Petitions to the Commissioner  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1807  | 50           | 1807 | 50       | Processing fee for provisional applications                                |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1806  | 180          | 1806 | 180      | Submission of Information Disclosure Stmt                                  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 8021  | 40           | 8021 | 40       | Recording each patent assignment per property (times number of properties) |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1809  | 740          | 2809 | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1810  | 740          | 2810 | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1801  | 740          | 2801 | 370      | Request for Continued Examination (RCE)                                    |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| 1802  | 900          | 1802 | 900      | Request for expedited examination of a design application                  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| Other fee (specify) _____   |              |      |          |  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |
| *Reduced by Basic Filing Fee Paid   |              |      |          | SUBTOTAL (3) (\$ 110)  |                 |          |              |              |     |          |     |                 |          |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |      |      |      |   |  |  |      |      |      |      |  |  |  |      |       |      |       |   |  |  |      |     |      |    |  |     |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |      |      |     |   |  |  |      |      |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |      |      |      |   |  |  |      |     |      |    |                                  |  |  |      |      |      |     |                                    |  |  |      |      |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |   |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |

| SUBMITTED BY      |                                |                                 |                      |
|-------------------|--------------------------------|---------------------------------|----------------------|
| Name (Print/Type) | William T. Christiansen, Ph.D. | Registration No. Attorney/Agent | 44,614               |
| Firm Name/Address |                                |                                 |                      |
| Signature         |                                |                                 | Date October 9, 2002 |



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SENT: December 5, 2001  
NEW APPLICATION

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Kindly acknowledge receipt of the below-listed documents by placing your receiving stamp hereon and mailing:

Form PTO/SB/05; Application Data Sheet; Preliminary Amendment; Copy of Spec., Claims, Abstract (128 pages); Copies of Drawings (12 pages - Figs. 1-11); Copy of Declaration and Power of Attorney; Sequence Listing (208 pages); Declaration for Sequence Listing; Diskette for Sequence Listing; in re: Jiangchun Xu et al., for COMPOSITIONS AND METHODS FOR THERAPY AND DIAGNOSIS OF PROSTATE CANCER.

Application Number

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PTO/SB/17 (11-00)

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|---|--|----------------------------------|--|
| <b>FEE TRANSMITTAL<br/>for FY 2002</b>      |  |                                  |  |
| Patent fees are subject to annual revision. |  |                                  |  |
| TOTAL AMOUNT OF PAYMENT (\$)                |  | 130                              |  |
|   |  | Attorney Docket No. 210121.427D3 |  |

| METHOD OF PAYMENT  |              |                |          | FEE CALCULATION (continued)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
|--|--------------|----------------|----------|--|----------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|-----|--------------------|-----|-------------------------------------|-----------------------------------|-----|-----|-------------------|-----|---|-----|-----|-----|------------------|--|---------------------------|-----|-----|-------|--|-------------------|---|-----|-----|------|------------------------|------|--|--|-----|--------|-----|--------|---|--|-----|-----|--------------|--------------|--|----------|-----|--------|-----|-----|---|--------------|----------------|----------|-----|--------|--|-----|--------------------|--------------|----------------|----------|---|---|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|-----|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|--|-----------------------------------|--|--|--|-----------------------|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>19-1090</b></p> <p>Deposit Account Name <b>Seed Intellectual Property Law Group PLLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |              |                |          | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>130</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify)</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) (\$ 130)</td> </tr> </tbody> </table> |          |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                    | 130 | 205                | 65  | Surcharge - late filing fee or oath |                                   | 127 | 50  | 227               | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139              | 130  | Non-English specification |     | 147 | 2,520 | 147  | 2,520             | For filing a request for ex parte reexamination |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action   |  | 115 | 110 | 215          | 55           | Extension for reply within first month |          | 116 | 400    | 216 | 200 | Extension for reply within second month |              | 117            | 920      | 217 | 460    | Extension for reply within third month |     | 118                | 1,440        | 218            | 720      | Extension for reply within fourth month |   | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive – unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 130 | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 130) |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 105  | 130          | 205            | 65       | Surcharge - late filing fee or oath  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 127  | 50           | 227            | 25       | Surcharge - late provisional filing fee or cover sheet.  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 139  | 130          | 139            | 130      | Non-English specification  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 147  | 2,520        | 147            | 2,520    | For filing a request for ex parte reexamination  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 112  | 920*         | 112            | 920*     | Requesting publication of SIR prior to Examiner action   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 113  | 1,840*       | 113            | 1,840*   | Requesting publication of SIR after Examiner action  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 115  | 110          | 215            | 55       | Extension for reply within first month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 116  | 400          | 216            | 200      | Extension for reply within second month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 117  | 920          | 217            | 460      | Extension for reply within third month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 118  | 1,440        | 218            | 720      | Extension for reply within fourth month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 128  | 1,960        | 228            | 980      | Extension for reply within fifth month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 119  | 320          | 219            | 160      | Notice of Appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 120  | 320          | 220            | 160      | Filing a brief in support of an appeal   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 121  | 280          | 221            | 140      | Request for oral hearing   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 138  | 1,510        | 138            | 1,510    | Petition to institute a public use proceeding  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 140  | 110          | 240            | 55       | Petition to revive – unavoidable   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 141  | 1,280        | 241            | 640      | Petition to revive – unintentional   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 142  | 1,280        | 242            | 640      | Utility issue fee (or reissue)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 143  | 460          | 243            | 230      | Design issue fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 144  | 620          | 244            | 310      | Plant issue fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 122  | 130          | 122            | 130      | Petitions to the Commissioner  | 130      |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 123  | 50           | 123            | 50       | Petitions related to provisional applications  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 126  | 180          | 126            | 180      | Submission of Information Disclosure Stmt  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 581  | 40           | 581            | 40       | Recording each patent assignment per property (times number of properties)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 146  | 740          | 246            | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 149  | 740          | 249            | 370      | For each additional invention to be examined (37 CFR § 1.129(b))   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 179  | 740          | 279            | 370      | Request for Continued Examination (RCE)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 169  | 900          | 169            | 900      | Request for expedited examination of a design application  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Other fee (specify)  |              |                |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| *Reduced by Basic Filing Fee Paid  |              |                |          | SUBTOTAL (3) (\$ 130)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td colspan="2"></td> </tr> </tbody> </table> |              |                |          | Large Entity   |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) |          |          | 101      | 740      | 201                    | 370 | Utility filing fee |     | 106                                 | 330                               | 206 | 165 | Design filing fee |     | 107   | 510 | 207 | 255 | Plant filing fee |  | 108                       | 740 | 208 | 370   | Reissue filing fee   |                   | 114   | 160 | 214 | 80   | Provisional filing fee |      | SUBTOTAL (1) (\$)                                      |  |     |        |     |        | <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>** = 0</td> <td>*</td> <td>= 0</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>** = 0</td> <td>*</td> <td>= 0</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>*</td> <td>=</td> <td></td> </tr> </tbody> </table> |  |     |     | Total Claims | Extra Claims | Fee from below                         | Fee Paid |     | ** = 0 | *   | = 0 | Independent Claims                      | Extra Claims | Fee from below | Fee Paid |     | ** = 0 | *                                      | = 0 | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |   | * | =   |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description  | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 101  | 740          | 201            | 370      | Utility filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 106  | 330          | 206            | 165      | Design filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 107  | 510          | 207            | 255      | Plant filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 108  | 740          | 208            | 370      | Reissue filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 114  | 160          | 214            | 80       | Provisional filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| SUBTOTAL (1) (\$)  |              |                |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Total Claims   | Extra Claims | Fee from below | Fee Paid |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
|  | ** = 0       | *              | = 0      |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Independent Claims   | Extra Claims | Fee from below | Fee Paid |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
|  | ** = 0       | *              | = 0      |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Multiple Dependent   | Extra Claims | Fee from below | Fee Paid |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
|  | *            | =              |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td colspan="2"></td> </tr> </tbody> </table>      |              |                |          | Large Entity   |          | Small Entity |  | Fee Description | Fee Code | Fee (\$)     | Fee Code | Fee (\$)        |          | 103      | 18       | 203      | 9        | Claims in excess of 20 | 102 | 84                 | 202 | 42                                  | Independent claims in excess of 3 | 104 | 280 | 204               | 140 | Multiple dependent claim, if not paid                   | 109 | 84  | 209 | 42               | ** Reissue independent claims over original patent | 110                       | 18  | 210 | 9     | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$) |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Large Entity   |              | Small Entity   |          | Fee Description  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$) |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 103  | 18           | 203            | 9        | Claims in excess of 20   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 102  | 84           | 202            | 42       | Independent claims in excess of 3  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 104  | 280          | 204            | 140      | Multiple dependent claim, if not paid  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 109  | 84           | 209            | 42       | ** Reissue independent claims over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| 110  | 18           | 210            | 9        | ** Reissue claims in excess of 20 and over original patent   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| SUBTOTAL (2) (\$)  |              |                |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |
| **or number previously paid, if greater; For Reissues, see above   |              |                |          |  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |                    |     |                                     |                                   |     |     |                   |     |   |     |     |     |                  |  |                           |     |     |       |  |                   |   |     |     |      |                        |      |  |  |     |        |     |        |   |  |     |     |              |              |  |          |     |        |     |     |   |              |                |          |     |        |  |     |                    |              |                |          |   |   |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |                                   |  |  |  |                       |  |  |  |

| SUBMITTED BY      |               |                                 |        |
|-------------------|---------------|---------------------------------|--------|
| Name (Print/Type) | Julie Urvater | Registration No. Attorney/Agent | 50,461 |
| Firm Name/Address |               |                                 |        |
| Signature         |               | Date                            | 3-7-02 |



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PATENT TRADEMARK OFFICE



EXPRESS MAIL NO. EV170134262US

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jiangchun Xu et al.  
Application No. : 10/010,940  
Filed : December 5, 2001  
For : COMPOSITIONS AND METHODS FOR THERAPY AND  
DIAGNOSIS OF PROSTATE CANCER

Examiner :  
Art Unit :  
Docket No. : 210121.427D3  
Date : October 9, 2002

Office of Initial Patent Examination  
Commissioner for Patents  
Washington, DC 20231

## COMMUNICATION

Commissioner for Patents:

In reply to the July 9, 2002, Decision Granting Petition under 37 C.F.R. § 1.53(e) (copy enclosed), Applicants provide herewith a substitute specification containing consecutively numbered pages. Also provided is a request for a one month extension of time under 37 C.F.R. § 1.136(a), making the extended deadline for providing this substitute specification October 9, 2002. The enclosed substitute specification is, to the best of my knowledge, and with the exception of the inserted page numbers, identical in content to the paper copy of the application originally filed on December 5, 2001. Please note that by inserting page numbers and reprinting the application, while content is identical, the absolute number of pages has changed from 128 pages to 132 pages.

The Decision Granting Petition also notes that Applicants were required to file a basic filing fee, additional claims fees and an oath or declaration, along with an extension of time under 37 C.F.R. § 1.136(a), prior to a final deadline of August 11, 2002, *i.e.*, seven months from mailing of the Notice of Incomplete Nonprovisional Application. Applicants respectfully submit, however, that such requirements have already been satisfied by Applicants. First, regarding the declaration, pursuant to 37 C.F.R. § 1.63(d)(1)(iv), Applicants respectfully submit that a copy of the declaration as filed in the parent application may be submitted with a

continuation or, as in this case, a divisional application. A copy of the declaration from the parent application was timely filed with the subject application on December 5, 2001, as evidenced by the itemized postcard receipt mailed to Applicants by the P.T.O. (copy enclosed). For the convenience of the Examiner, however, an additional copy of the declaration is submitted herewith, and, as requested, the serial number of the present application is now specifically referenced by the declaration.

Applicants further submit that the filing fee requirement set forth in the Notice of Incomplete Nonprovisional Application has also been satisfied. In the fee transmittal form (PTO/SB/17) associated with Applicant's communication dated March 11, 2002 (copy enclosed), Applicants specifically authorized the Commissioner to deduct fees under 37 C.F.R. § 1.16 from Deposit Account Number 19-1090. Applicants note that filing fee requirements are specifically encompassed by 37 C.F.R. § 1.16, and, accordingly, the basic filing fee requirement of \$740 and the additional claim fees of \$280 should have been properly withdrawn from the referenced Deposit Account.

Examination of the subject application on the merits is earnestly requested. The Examiner is invited to contact the undersigned at (206) 622-4900, with any questions or comments concerning the above communication.

Respectfully submitted,

Jiangchun Xu et al.

SEED Intellectual Property Law Group PLLC



\_\_\_\_\_  
William T. Christiansen, Ph.D.  
Reg. No. 44,614

Enclosure:  
Postcard

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JUL 09 2002

OFFICE OF PETITIONS

In re Application of  
Xu, et al.  
Application No. 10/010,940  
Filed: December 5, 2001  
Attorney Docket No. 210121.427D3

DECISION GRANTING  
PETITION *Submit a Substitute Spec.*

*Sep 9, 2002*  
ENTERED IN DOCKET

This is a decision on the petition under 37 CFR 1.53(e), filed March 11, 2002, requesting that the above-identified application be accorded a December 5, 2001 filing date.

The application was deposited on December 5, 2001. On January 11, 2002, the Office of Initial Patent Examination mailed a Notice informing petitioners that the specification and drawings were omitted and as such, no filing date had been accorded to the application.

In response to the Notice, petitioners timely filed the present petition on March 11, 2002. Petitioners request a filing date of December 5, 2001 on the basis that the entire specification, was received in the Patent and Trademark Office (PTO) on March 11, 2002.<sup>1</sup> In support, the petition is accompanied by a copy of applicants' itemized postcard receipt showing an Office of Initial Patent Examination generated barcode citing December 5, 2001 as the date of receipt. The postcard lists, *inter alia*, that the filing included 128 pages of specification and 12 pages of drawings.

The return postcard constitutes *prima facie* evidence that 128 pages of specification and 12 pages of drawings were filed on December 5, 2001. Accordingly, the request is granted.

A review of the copy of the original specification submitted with the instant petition reveals that 128 pages are present, though not numbered. Because the whole specification was missing, the postcard receipt showing 128 pages were received by the Office on December 5, 2001 is sufficient evidence to justify the accordation of a December 5, 2001 filing date to the 128 pages submitted with the instant petition. Had only a few pages been missing from the original filing, this analysis would have been more complicated and the outcome possibly different. It would have been difficult to ascertain which pages were actually missing from the remaining non-numbered pages found in the application file.

Petitioners are reminded that 37 CFR 1.52(a)(5) requires that the pages of the specification be numbered consecutively, starting with 1, the numbers being centrally located above or preferably, below the text. Petitioners are required to submit a substitute specification with pages consecutively numbered within 2 months of the mail date of this decision. Extensions of time are available under 37 CFR 1.136(a).

<sup>1</sup> The petition does not specifically address the fact that drawings were missing. However, Petitions Attorney Willis has addressed the issue of omitted drawings in this decision.

CORIXA 7-23-02  
cc: GSK

Pursuant to petitioners' authorization, deposit account no. 19-1090 will be refunded the \$130.00 petition fee.

Petitioners are reminded that the requirements that petitioners submit the basic filing fee, additional claim fees, an oath or declaration, and a surcharge for their late filing are still outstanding. Petitioners must buy an extension of time pursuant to 37 CFR 1.136(a) to file these items prior to the last possible date for reply, or August 11, 2002.

The application is being returned to Office of Initial Patent Examination for further processing, with a filing date of December 5, 2001, using the 12 pages of drawings filed with the instant petition, and to await receipt of a substitute specification with numbered pages.

Any inquiries pertaining to this matter may be directed to Petitions Attorney E. Shirene Willis at (703) 308-6712.



Beverly M. Flanagan  
Supervisory Petitions Examiner  
Office of Petitions  
Office of the Deputy Commissioner  
for Patent Examination Policy